



MAINE DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Maine.

Maine At-a-Glance:

- In 2007-2008, Maine was one of the top ten states for rates in several drug-use categories, including: past-month illicit drug use among young adults age 18-25; past-month marijuana use among persons age 12 and older; and past-year cocaine use among young adults age 18-25.
Source: National Survey on Drug Use and Health (NSDUH), 2007-2008.
- Approximately 9 percent of Maine residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Maine tracks the national average.

Drug Use Trends in Maine

Drug Use in Maine: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent survey, 9.09 percent of Maine residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 2.98 percent of Maine residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 161 persons died in Maine in 2007. This is compared to the number of persons in Maine who died from motor vehicle accidents (198) and firearms (107) in the same year. Maine drug-induced deaths (12.2 per 100,000 population) were similar to the national rate (12.7 per 100,000).

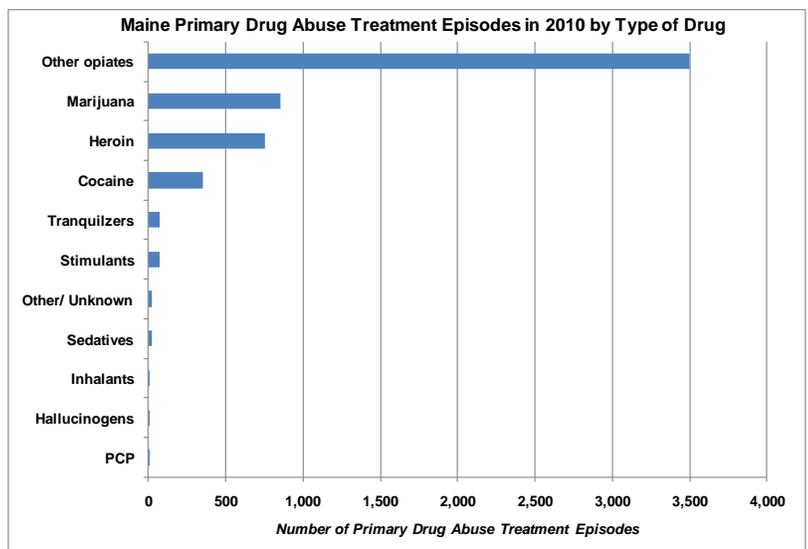
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Maine primary treatment admissions

The graph at right depicts substance abuse primary treatment admissions in Maine in 2010. The data show that opiates, including prescription drugs, are the most commonly cited drugs among primary drug treatment admissions in the state.

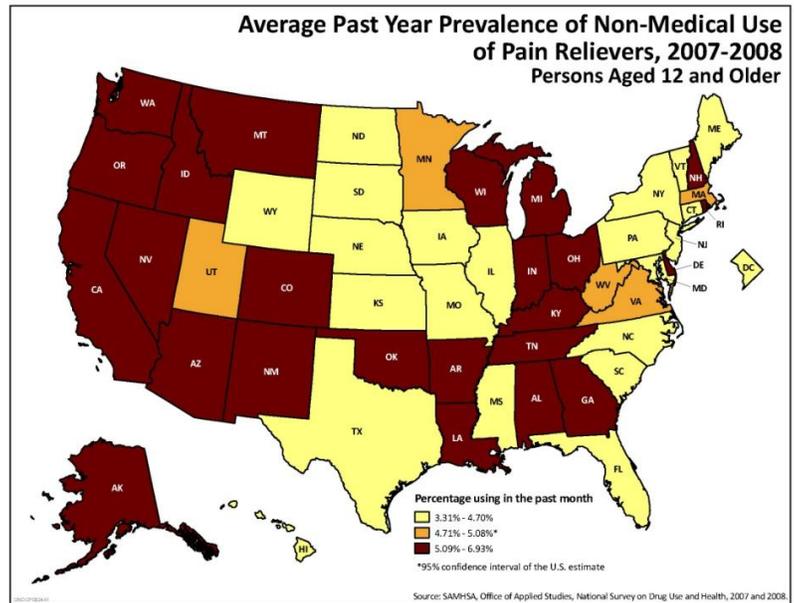
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled, "**Epidemic: Responding to America's Prescription Drug Abuse Crisis,**" provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

Maine's **Prescription Monitoring Program (PMP)** was created in 2003 to prevent and detect prescription drug misuse and diversion. The PMP maintains a database of all transactions for Schedule II, III, and IV controlled substances dispensed in the state of Maine. This database is available online to prescribers and dispensers. Pharmacies both within and outside of the state submit data weekly.

Source: State of Maine, Department of Health & Human Services, Office of Substance Abuse: <http://www.maine.gov/dhhs/osa/data/pmp/index.htm>

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

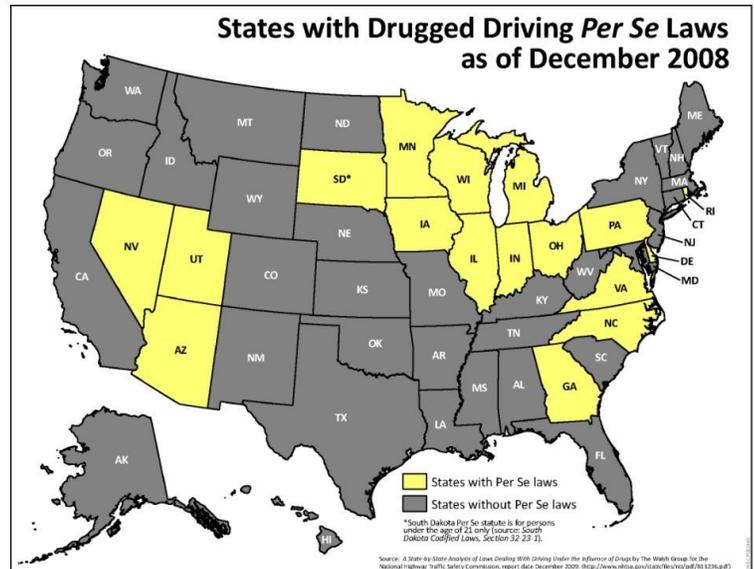
State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to consider *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Maine does not currently have a *Per Se* standard. However, under Maine law (Title 29-A Section 2411), a person commits operating under the influence of intoxicants if the person

operates a motor vehicle while under the influence of a drug other than alcohol, or a combination of drugs. Prohibited drugs include certain drugs listed elsewhere in the law as well as “any natural or artificial chemical substance, prescription drugs, etc.” No arrest is required prior to testing; probable cause is sufficient. Required proof: 1) The person was operating or attempting to operate a motor vehicle in Maine, and 2) while operating or attempting to operate the vehicle, the person was under the influence of a drug that, when taken into the body, impairs the ability to operate a motor vehicle safely.

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration, December 2009.



ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Maine coalitions received grants from ONDCP:

- 21 Reasons Coalition (Portland)
- ACCESS Health (Brunswick)
- Casco Bay CAN Coalition
- Choose to Be Healthy (York)
- Communities Promoting Health Coalition (Portland)
- Community Alcohol and Drug Education Team (CADET)/ Aroostook Substance Abuse Prevention
- Five Town Communities that Care
- Five Town Community School District
- Greater Somerset Public Health Collaborative Substance Abuse Coalition
- Greater Waterville Communities for Children and Youth Coalition
- Healthy Androscoggin
- Healthy Sebasticook Valley Coalition
- Partnership for a Healthy Northern Penobscot
- Safe and Healthy Sanford Coalition
- Southern Kennebec Substance Abuse Work Group
- Washington County: One Community

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Maine

New England HIDTA: Cumberland County

- The New England HIDTA seeks to identify, investigate, disrupt and dismantle the drug trafficking and money laundering organizations in the region.
 - *Southern Maine HIDTA Task Force*: seeks to disrupt/dismantle core and secondary drug trafficking organizations operating in the southern Maine region, with a specific focus in Cumberland County.
 - *Fugitive Task Force*: targets fugitives that are members of Colombian and Dominican drug trafficking organizations, Consolidated Priority Organization Targets, and other drug trafficking organizations operating in the New England area and other regions of the country.
 - *New England Domestic Highway Enforcement*: promotes collaborative, intelligence-led, unbiased policing in coordinated and mutually supportive multi-jurisdictional law enforcement efforts on the major highways that connect New England to drug sources-of-supply in New York City and the New England-Canadian border.
 - *Financial Investigative Task Force*: seeks to identify, investigate, and prosecute large-scale drug money laundering organizations and their financial operating systems throughout the New England area.

Federal Grant Awards Available to Reduce Drug Use in the State of Maine

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards

2010

Department of Education

Safe and Drug-Free Schools and Communities_National Programs	3,295,759
Alcohol Abuse Reduction Grants	921,449
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence	125,000
Safe Schools/Healthy Students Grants	2,249,310

Department of Health and Human Services

Administration for Children and Families	1,691,230
Promoting Safe and Stable Families	1,691,230
Centers for Disease Control and Prevention	337,248
HIV Prevention Activities_Non-Governmental Organization Based	337,248
National Institutes of Health	1,014,438
Drug Abuse and Addiction Research Programs	1,014,438
Substance Abuse and Mental Health Services Administration	11,792,725
Block Grants for Prevention and Treatment of Substance Abuse	6,744,716
National All Schedules Prescription Electronic Reporting Grant	40,047
Projects for Assistance in Transition from Homelessness (PATH)	300,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	4,707,962

Department of Housing and Urban Development

Assistant Secretary for Community Planning and Development	5,812,407
Shelter Plus Care	5,812,407
Assistant Secretary for Housing--Federal Housing Commissioner	734,433
Shelter Plus Care	734,433

Department of Justice

Office of Justice Programs	7,113,447
Congressionally Recommended Awards	800,000
Criminal and Juvenile Justice and Mental Health Collaboration Program	184,940
Drug Court Discretionary Grant Program	395,298
Edward Byrne Memorial Justice Assistance Grant Program	2,200,784
Enforcing Underage Drinking Laws Program	1,155,945
Harold Rogers Prescription Drug Monitoring Program	363,505
Juvenile Accountability Block Grants	354,800
National Institute of Justice Research Evaluation and Development Project Grants	160,000
Residential Substance Abuse Treatment for State Prisoners	148,199
Second Chance Act Prisoner Reentry Initiative	1,349,976

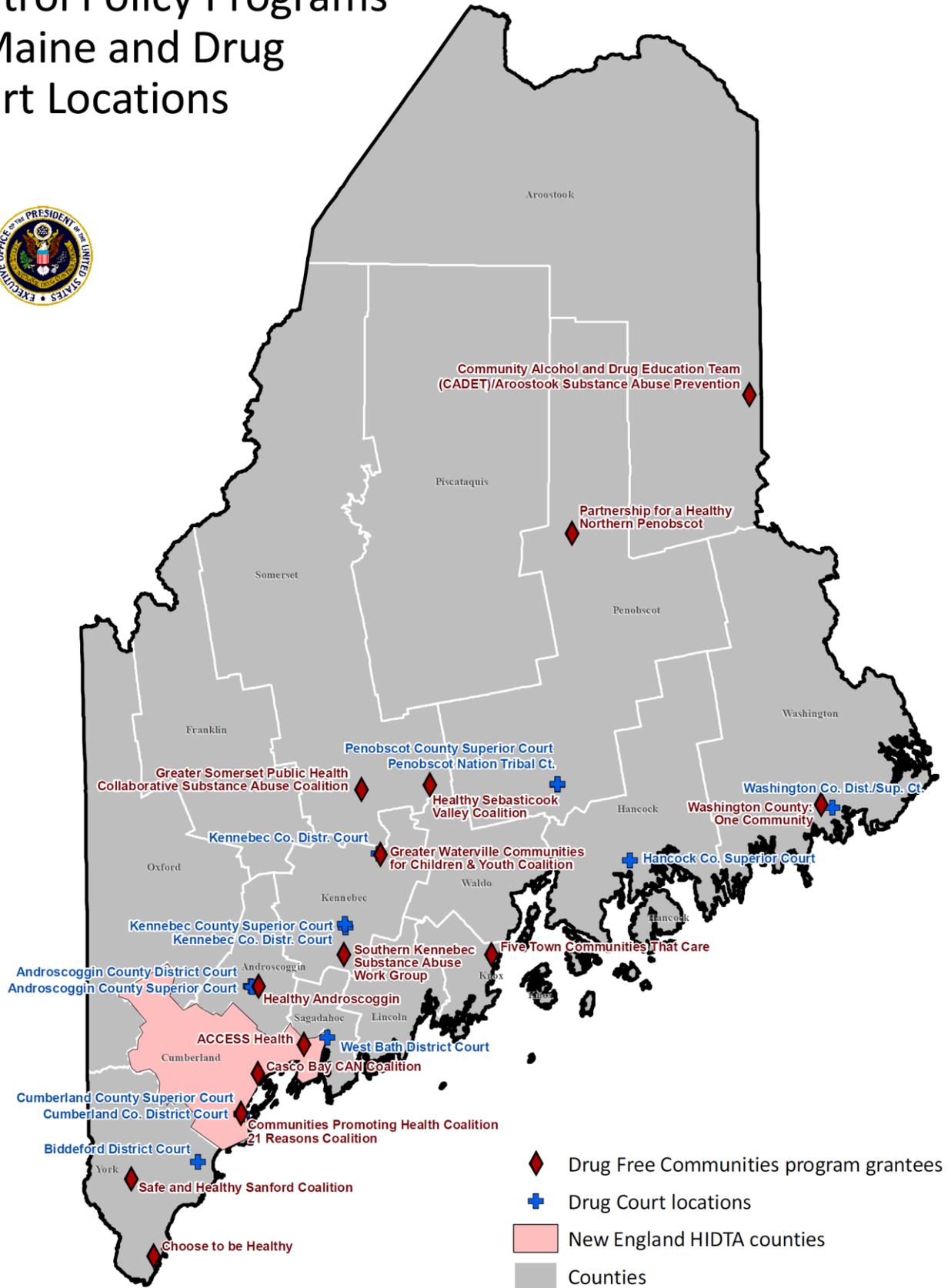
Executive Office of the President

Office of National Drug Control Policy	3,028,599
High Intensity Drug Trafficking Area Program	3,028,599
Substance Abuse and Mental Health Services Administration	1,500,000
Drug-Free Communities Support Program Grants	1,500,000

Grand Total	36,320,286
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Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

Office of National Drug Control Policy Programs in Maine and Drug Court Locations



Source: National Drug Court Institute and ONDCP, September 2011

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